

Name
in
Full

Eliza A Bean


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Rockville</u> ^{Town}		<u>Montgomery</u> ^{County}		MARYLAND	
Date of death 1903	Month <u>March</u>	Day <u>29th</u>	Years <u>21</u>	Months <u>11</u>	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Married, Single or Widowed			Occupation <u>Housewife</u>		
Name of Wife Husband <u>John Bean</u>					
Father's Name <u>James Cressner</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Eliza Bowman</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Husband</u>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Consumption 27</u>	How long <u>Six months</u>
Immediate <u>Debility</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>E. J. Stonestreet</u>
	Address <u>Rockville Md</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

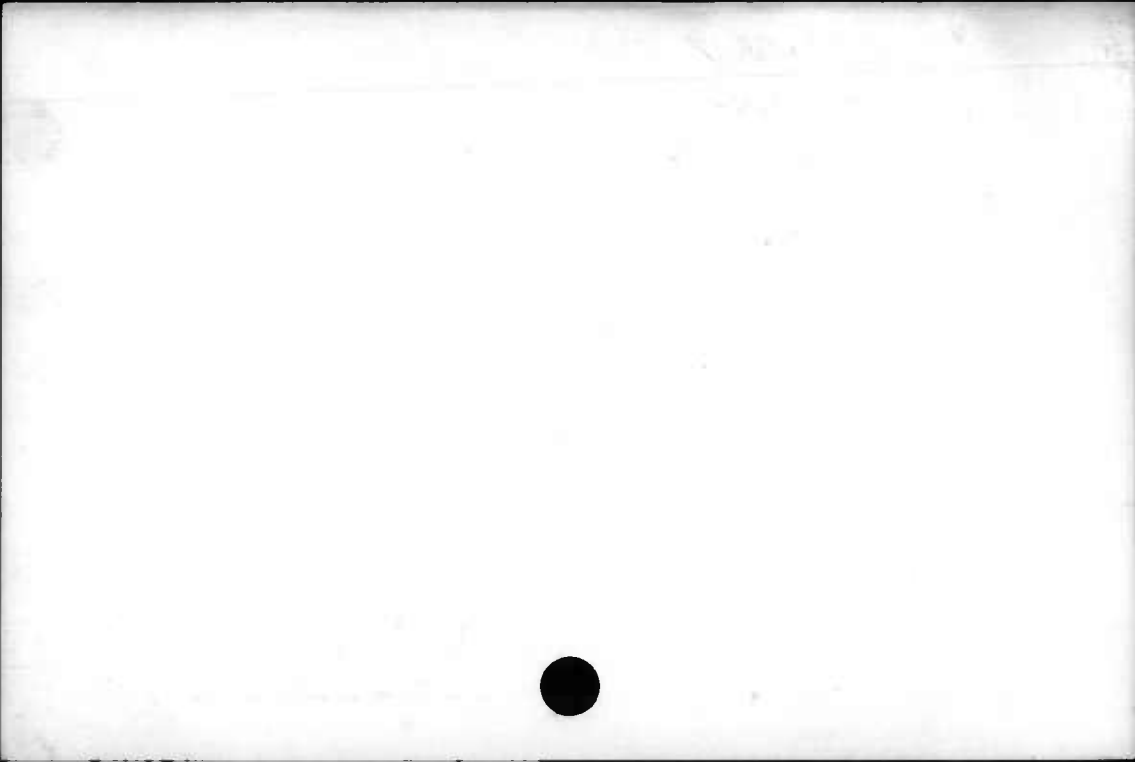
MARYLAND

Died at <u>Boyd's</u> Town		County <u>Ninety</u>	
Date of death 190 <u>3</u>	Month <u>03</u>	Day <u>13</u>	Age <u>4</u> Years
Sex <u>Male</u>		Color or Race <u>Negro</u>	Birth-place <u>Same</u>
Married, Single or Widowed <u>—</u>		Occupation <u>—</u>	
Name of Wife or Husband <u>—</u>			
Father's Name <u>John Brown</u>		Father's Birthplace <u>Same</u>	
Mother's Maiden Name <u>Mamath</u>		Mother's Birthplace <u>—</u>	
Name of person giving Information <u>U. D. House MD</u>		How related to deceased <u>—</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pulmonary Intercurious</u>	How long <u>1 1/2</u> since measles
Immediate <u>Asphyxia</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>—</u>	Signature of Physician <u>U. D. House MD</u>
<u>8</u>	Address <u>Danversville MD</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

CERTIFICATE OF DEATH

Mary Elizabeth Cressel

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Ashm</u> ^{Town}		<u>Montgomery</u> ^{County}		MARYLAND	
Date of death 1903	Month <u>3</u>	Day <u>13</u>	Age	Years <u>1</u>	Months <u>7</u> Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>md</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>—</u>		
Name of Wife or Husband					
Father's Name <u>R. E. Cressel</u>			Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Mamie Gingles</u>			Mother's Birthplace <u>md</u>		
Name of person giving information <u>R. E. Cressel</u>			How related to deceased <u>child</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>1 week</u>
Immediate <u>Apnoea</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>M. M. Cressel</u>
	Address <u>Highland</u>
Accident or Suicide? <u>—</u>	<u>md</u>



Mrs. Frances Garrett

Town

County

Died at Hunting Hill Montgo Co.

MARYLAND

Date 1903 ^{Month} Mch ^{Day} 3 ^{Y.} ^{M.} ^{D.} ^{Native of} Md. ^{Occupation} ~~W~~

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband
of
WifeFather's
NameMother's
Name

Cause of ^{Primary} Cerebral haemorrhage ^{How long sick} 5 days

Death ^{Immediate} Exhaustion ^{Accident, Suicide, Homicide}

Reported by

W. R. Andrews, M.D.

Address

Rockville, Md.

Must be signed by physician, if any in attendance, otherwise by co. oner, undertaker or minister.

Name
in
Full

Freeman Hebrons

CERTIFICATE OF DEATH

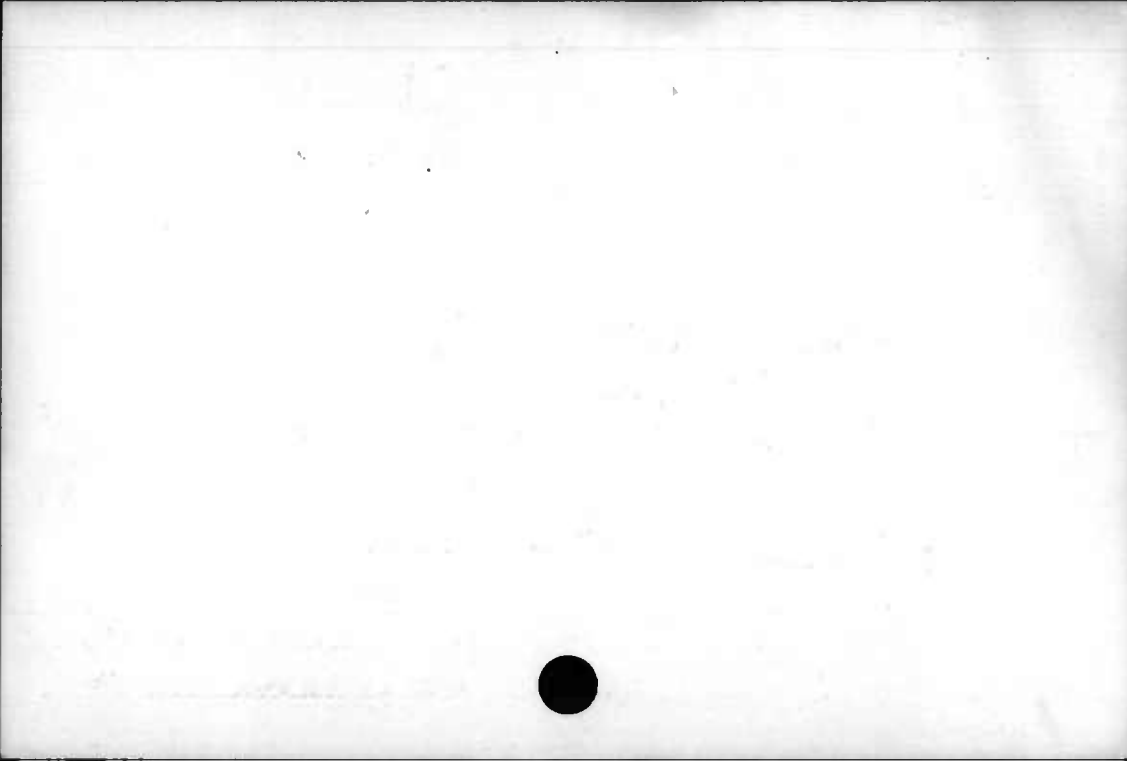
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sugar Land</u> ^{Town}		<u>Mint</u> ^{County}		MARYLAND	
Date of death 1903	<u>3</u> ^{Month}	<u>6</u> ^{Day}	Age <u>37</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>male</u>	Color or Race <u>negro</u>	Birth- place <u>Bahama</u>			
Married, single or widowed		Occupation <u>laborer</u>			
Name of Wife or Husband <u>Helia Hebrons</u>					
Father's Name <u>Patrick Hebrons</u>			Father's Birthplace <u>Same</u>		
Mother's Maiden Name <u>Mattilda Hebrons</u>			Mother's Birthplace <u>Same</u>		
Name of person giving In formation <u>U. D. House M.D.</u>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Typhoid fever</u>	How long <u>14 da</u>
Immediate <u>Perforation of bowel + typhoid</u>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>U. D. House M.D.</u>
	Address <u>Dawsonville Md</u>
Accident or Suicide?	



Name
in
Full

Francis Ann Howard

CERTIFICATE OF DEATH

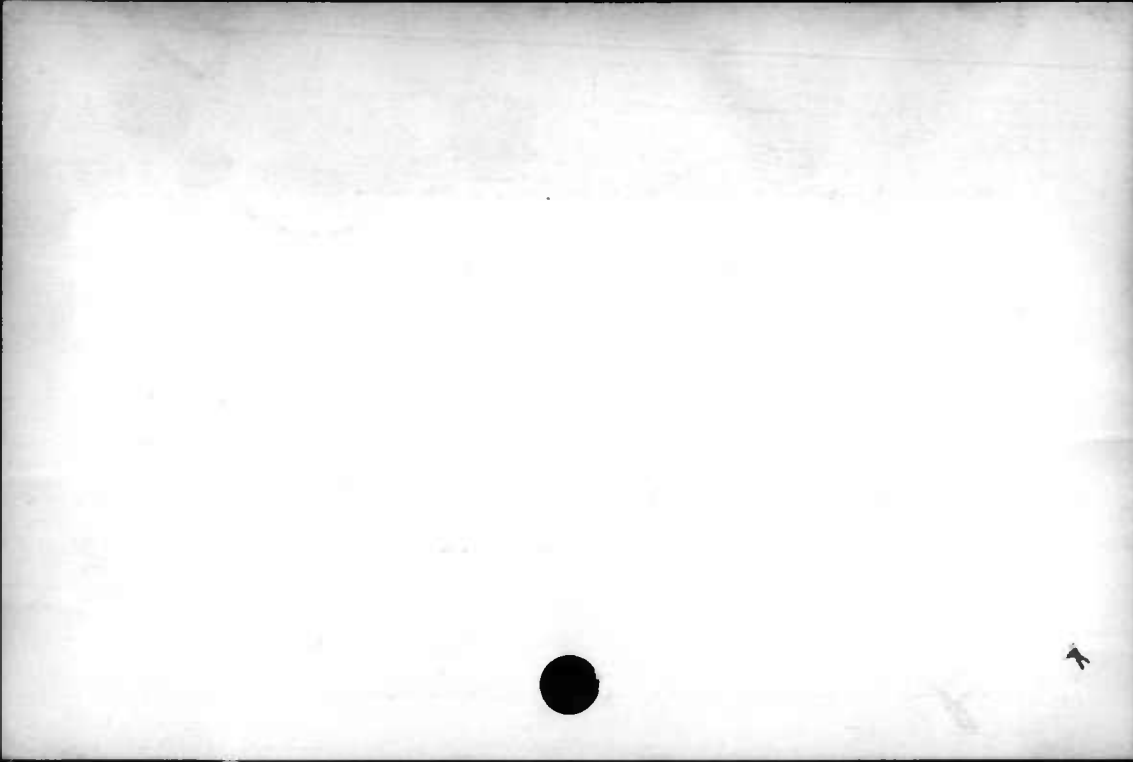
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Spencerville</u> Town		<u>Montgomery</u> County		MARYLAND	
Date of death 190	<u>3</u> Month	<u>27</u> Day	Age <u>79</u> Years	Months	Days
Sex <u>Female</u>		Color or Race <u>Black</u>		Birth-place <u>MD</u>	
M Married, Single W Widowed		Occupation			
Name of Wife or Husband <u>Greenberry Howard</u>					
Father's Name <u>John McGowan</u>			Father's Birthplace <u>MD</u>		
Mother's Maiden Name <u>--</u>			Mother's Birthplace		
Name of person giving information <u>Henry Howard</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>old age</u>	How long
Immediate <u>heart failure</u>	How long <u>154</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. R. Batten</u>
	Address <u>Spencerville</u>
Accident or Suicide?	



Salena H. King
 Town County

Died at *Sandy Spring*

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
<i>1903</i>	<i>3</i>	<i>14</i>	<i>54</i>	<i>3</i>	<i>—</i>	<i>Howard Co, Md</i>	<i>Servant</i>
<i>Male</i>	<i>White</i>	<i>Married</i>	<i>Widow</i>	<i>Divorced</i>			
<i>Female</i>	<i>Colored</i>	<i>Single</i>	<i>Widower</i>				<i>Number of children living 2</i>

Husband of *Albert King*
 Wife

Father's Name *James Howard*

Mother's Name *Rosina Howard*

Cause of Death { Primary *Paralysis*

Death { Immediate *Convulsion*

W.

How long sick
3 days

Accident, Suicide, Homicide

Reported by *Roger Brinker, M.D.*

Address *Sandy Spring Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Lillian E. Klundinst

Town

County

MARYLAND

Died at

Cherry Chase

Montgomery

Date 189

1903

Month

Day

Y.

M.

D.

Native of

Occupation

Mar 16

Age - 1, 27

Md L

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of L

Wife

Father's

Name

Clarence Klundinst

Mother's

Name

Klundinst

Cause of

Primary

Pneumonia

How long sick

3 weeks

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

W. L. Lewis M.D.

Address

D

Kensington

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Martha Ann Leizear

Town

County

Died at

Spencerville

Montgomery

MARYLAND

Date

1903 March 26

Month

Day

Y.

M.

Native of

Occupation

Age

75

Howard Co Md

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

2

~~Husband~~

of

Wife

Father's

Name

Richard Leizear

Mother's

Name

Allen Cross Elizabeth Cross

Cause of

Death

Primary General Debility

Immediate Heart failure

How long sick

2 weeks

Accident, Suicide, Homicide

Reported by

Address

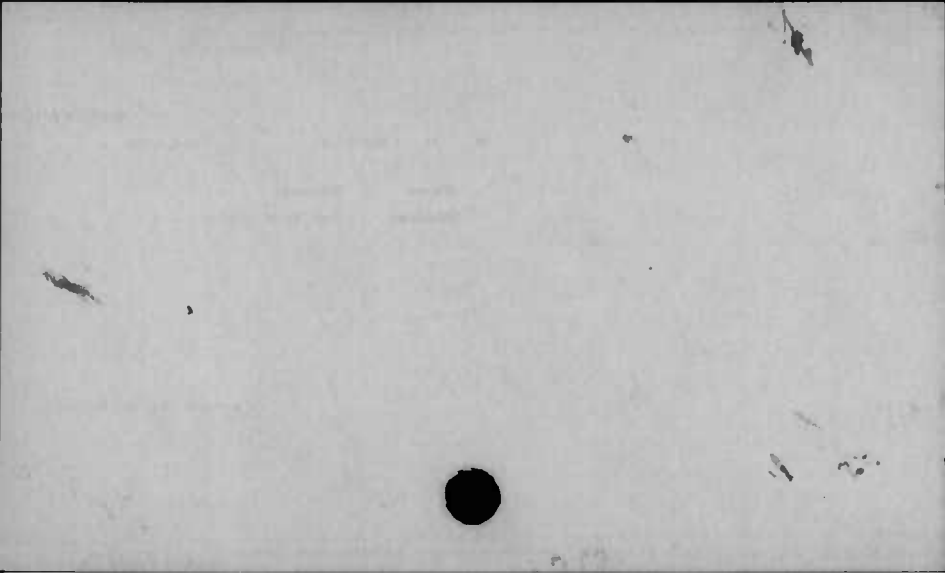
J. B. Leizear

Spencerville Md

154

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Mc Cullough

Died at *Quince Orchard* Town *Montgomery* County -

MARYLAND

Date 1903 *3* Month *2* Day *75* Y. *M.* M. *D.* Native of *Ireland* Occupation *Housewife*

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

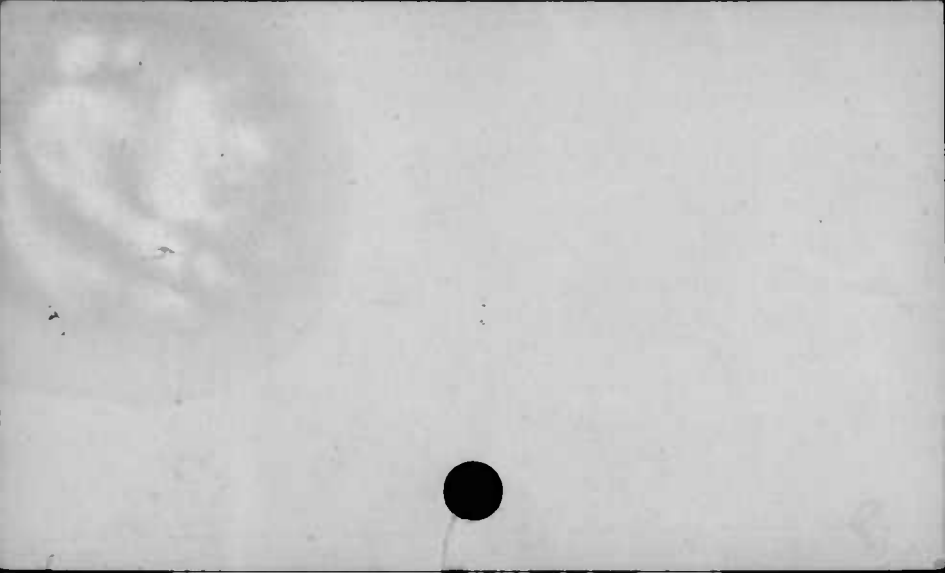
~~Colored~~~~Single~~~~Widower~~Number of children living *3 living*

Husband of *Jno Mc Cullough*
 Wife *Mary Mc Cullough*
 Father's Name *Patrick Coleman* Mother's Name *Mary Coleman*
 Maiden Name *Mary Kimmitt*

Cause of Death { Primary *La Grippe with organic Heart complications* How long sick *16 days*
 Immediate *complications* Accident, Suicide, Homicide

Reported by *A B Haddox* M.D.
 Address *Gaithersburg Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Maria Ann Miles

Town

County

Died at

Smith

Montgomery

MARYLAND

Date

1901 March 12

Age

1 10 3

Native of

Occupation

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband
of
WifeFather's
Name

John Wiley Miles

Mother's
Name

Cause of

Primery

Heart in Cough

How long sick

Death

Immediate

Spasms

Accident, Suicide, Homicide

Reported by

J. W. Miles

Address

Smith

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr......

of.....

Seen by Coroner.....

of.....

Information contained in this certificate received

from.....

of.....



Name In Full

Certificate of Death

Edward Offutt

Died at *West Zion* Town *Montgomery* County *MARYLAND*
 Date 1903 *Mar 22* Month *Mar* Day *22* Y. *Y.* M. *M.* D. *D.* Native of *Ind* Occupation *Laborer*
 Male *White* ~~Married~~ *Widow* ~~Divorced~~
~~Female~~ *Colored* *Single* *Widower* Number of children living

~~husband~~ of~~Wife~~

Father's Name *Henry Offutt* Mother's Name *Annie Jackson*
 Maiden Name

Cause of Death { Primary *Pulmonary Tuberculosis* How long sick *about 6 Mon*
 { Immediate *Measles* Accident, Suicide, Homicide

Reported by *V. H. Dyson*Address *of Laytonville* *Montgomery Co*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *Mary E. Osborn*

Town *Cherry Chase* County *Montgomery* MARYLAND

Died at *Cherry Chase*

Date *1913* Month *Mar* Day *29* Y. *83* M. *-* D. *-* Native of *N.Y.* Occupation *Housewife*

Sex *Female* Race *White* Marital Status *Widow* Divorced *-* Number of children living *-*

Husband of *✓*

Wife *✓*

Father's Name *✓* Mother's Name *✓*

Cause of Death { Primary *Old age* Immediate *General debility* } How long sick *154*

Accident, Suicide, Homicide *-*

Reported by *Ira W. Linnison M.D.*

Address *1312 S. St. N.W. Washn D.C.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Hattie Phenix

Town

County

Died at

Brookville

Montgomery

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1903	March	5	13	-	-	Montg. Co.	School girl
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband
ofFather's
Name

Beverly Phenix

Mother's
Name

Mary Debertha Phenix

Cause of

Primary

Pulmonary Tuberculosis

How long sick

More than a year

Death

Immediate

Asthma

~~Accident, Suicide, Homicide~~

Reported by

W. F. Green

M. D.

Address

Brookville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706



Name in Full

Certificate of Death

John George Reisinger
 Town _____ County _____
 Died at *Rockville, Montgomery Co.* MARYLAND
 Date *1953* *Mar* *20* Y. *6* M. *8* D. Native of *Germany* Occupation *Baker*
 Male White Married Widow ~~Divorced~~
 Female Colored Single Widower Number of children living *11*

Husband of *Dorothea Reisinger*
 Wife of _____
 Father's Name *Philip Reisinger* Mother's Name *Mary Reisinger*
 Cause of Death { Primary *Diabetes Mellitus* 50 How long sick *5 yrs.*
 { Immediate *Coma* Accident, Suicide, Homicide

Reported by *H. R. Anderson, M.D.*
 Address *Rockville, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68888



Name
in
Full

Tessa Lurina Ricks
Polomac Town Montg County

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death 190

3

Month

3

Day

15

Age

Years

X 0

Months

18

Days

X

Sex

Female

Color or
Race

Negro

Birth-
place

Hunting Hill.

Married, Single
or Widowed

Single

Occupation

none.

Name of Wife or
Husband

X

Father's
Name

John Ricks

Father's
Birthplace

X

Mother's
Maiden Name

Elizabeth Ricks

Mother's
Birthplace

X

Name of person giving
information

Joseph Mack

How related
to deceased

none.

CAUSES OF DEATH

Primary

Laryngitis

10

How long

X

Immediate

Pneumonia

How long

about 14 days.

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

No Physician in attendance

Address

W. J. Hall, M.D.
Polomac, Md.

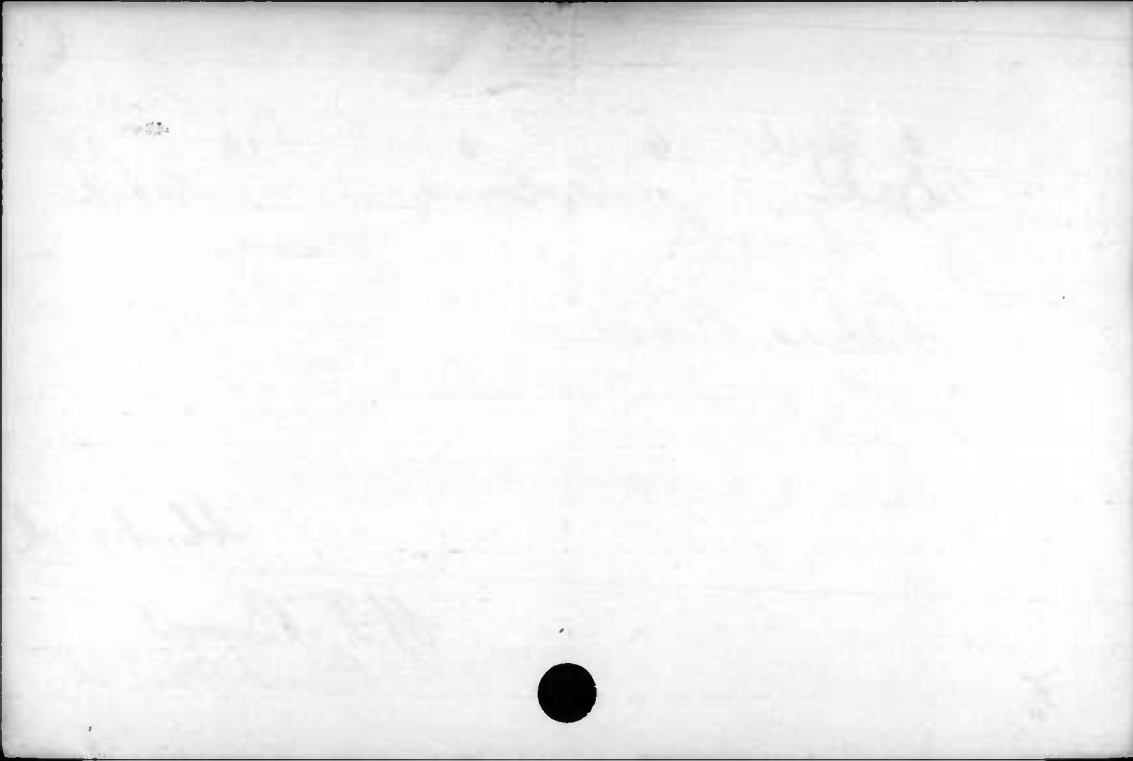
Accident or Suicide?

X

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

8



Name
in
Full

Carl Rosier

CERTIFICATE OF DEATH

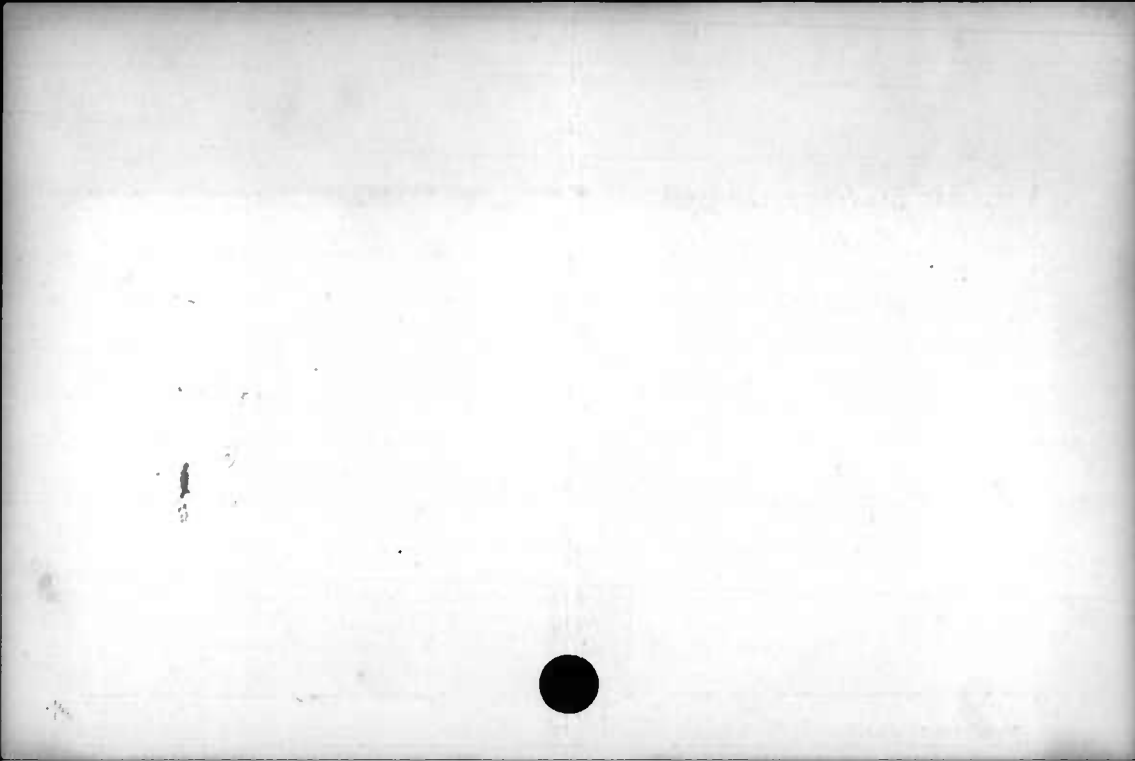
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Twp Colesville		County Montg		MARYLAND	
Date of death 1903	Month March	Day 6	Age 0	Years 0	Months 10	Days 10	
Sex Male	Color or Race Colored		Birth- place Md.				
Married, Single or Widowed Single		Occupation None					
Name of Wife or Husband							
Father's Name Chas. Rosier				Father's Birthplace Md.			
Mother's Maiden Name Irene McAllister				Mother's Birthplace "			
Name of person giving Information "				How related to deceased Mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long About 1 wk.
Immediate Pneumonia	How long 93
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician H. T. Brown
	Address Burnt Mills Md.
Accident or Suicide?	



Name in Full

Certificate of Death

Benjamin (Hanson?) Selgevic

Town

County

Died at

MARYLAND

Died at Norbeck, Montg Co.
 Date 1893 Mar 10 1893 15 1893
 Male White Married Widow Divorced Ind.
 Female Colored Single Widower Number of children living

Husband
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968



Simmms

Town

County

MARYLAND

Died at

Martinsburg

Montgomery

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

March 18

Age

2

Md

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

~~Singl~~~~Widower~~

Number of children living

Husband

Wife

Father's

Mother's

Name

Maiden Name

John Simms

Ellen Jenkins

Cause of

Primery

How long sick

3 days

Death

Immediate

Puerperia

93

~~Accident, Suicide, Homicide~~

Reported by

John Simms

Address

Martinsburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Horace William Slonick

Died at *Martinsburg* *Morgan* ^{Town} ^{County} **MARYLAND**

Date 19 *03* *Mar* *1* ^{Month} ^{Day} Age *43* *7* *2* ^{Y.} ^{M.} ^{D.} Native of *MD* Occupation *Laburn*
 Male ~~White~~ Married ~~Wid~~ Divorced
~~Female~~ Colored ~~Single~~ Widower Number of children living *2*

Husband of *Mary Plath*
 Wife ~~_____~~

Father's Name _____ Mother's Maiden Name _____

Cause of Death { Primary Immediate *Consumption* *27*
 How long sick *2 years*
 Accident, Suicide, Homicide

Reported by *J. H. Pool*
 Address *Poolsville MD*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Benjamin Thompson

Town

County

Died at *Dunwood* *Montgomery*

MARYLAND

Date 19 *03* Month *3* Day *13* Age *77* Y. *x* M. *x* D. *x* Native of *Ind* Occupation *—*

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband of *x*
Wife

Father's Name Mother's Maiden Name

Cause of Death { Primary *General debility* Immediate *La Grippe* How long sick *5 days* Accident, Suicide, Homicide *x x x*

Reported by *O. M. Linticum Jr S*

Address *Rockville* *Montgomery*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Georgie Thornton Jr

Town

County

Died near

Olney

Montgomery

MARYLAND

Date 1903 Month March Day 30 Y. 3 M. - D. - Native of Md Occupation —

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband
of

Father's Name George Thornton

Mother's Name Bessie Hill

Cause of Death { Primary Measles, Nephritis. } How long sick About 2 weeks.

Death { Immediate Dropsy } Accident, Suicide, Homicide

Reported by Chas. Ferguson, M.D.

Address Olney, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary E. Vaughn

Town

County

Died at

Somers Heights

Montgomery

MARYLAND

Date 189

1903

Month

Day

Y.

M.

D.

Native of

Occupation

3 30

Age 42, 6

D.C.

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

5

~~Husband~~

of

Wife

Father's

Name

Wm C Vaughn

Mother's

Name

Cause of

Primary

Puerperal

138

How long sick

10 days

Death

Immediate

Septicemia

Accident, Suicide, Homicide

Reported by

John L. Lewis, M.D.

Address

Bethesda, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968



Mrs Ann White

Town

County

Died at

Poolesville

Montgomery

MARYLAND

Date 1908

Month

Day

March 5th

Age

76.

Y.

M.

D.

Native of

Md

Occupation

Housewife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living 8

~~Husband~~
of

Wife

Father's

Name

Joseph White

Mother's

Maiden Name

Mary Beard

Cause of

Primary

Pneumonia

93.

How long sick

one week

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

B. W. Walling M.D.

Address

Poolesville, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

